

1.) CORPORATION NAME: INDEPENDENT DISTRIBUTOR CONSULTING ASSOCIATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 6802 PARAGON PL #410 RICHMOND, VA	DUE DATE: 12/31/2015 SCC ID NO: F1982174 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: GA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 122 N. MADISON ST CITY/ST/ZIP: THOMASVILLE, GA 31792

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SAM FINK TITLE: DIRECTOR/PRES. ADDRESS: 111 NORTH BROAD STREET UNIT 306 CITY/ST/ZIP/CO: THOMASVILLE, GA 31792	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RON ARLINE TITLE: DIRECTOR/VP ADDRESS: 120 N. MADISON ST CITY/ST/ZIP/CO: THOMASVILLE, GA 31792	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CAROL W DIXON TITLE: DIRECTOR ADDRESS: 512 WILDWOOD LANE CITY/ST/ZIP/CO: THOMASVILLE, GA 31792	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SAM FINK	SAM FINK, DIRECTOR/PRES.	10/21/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.